

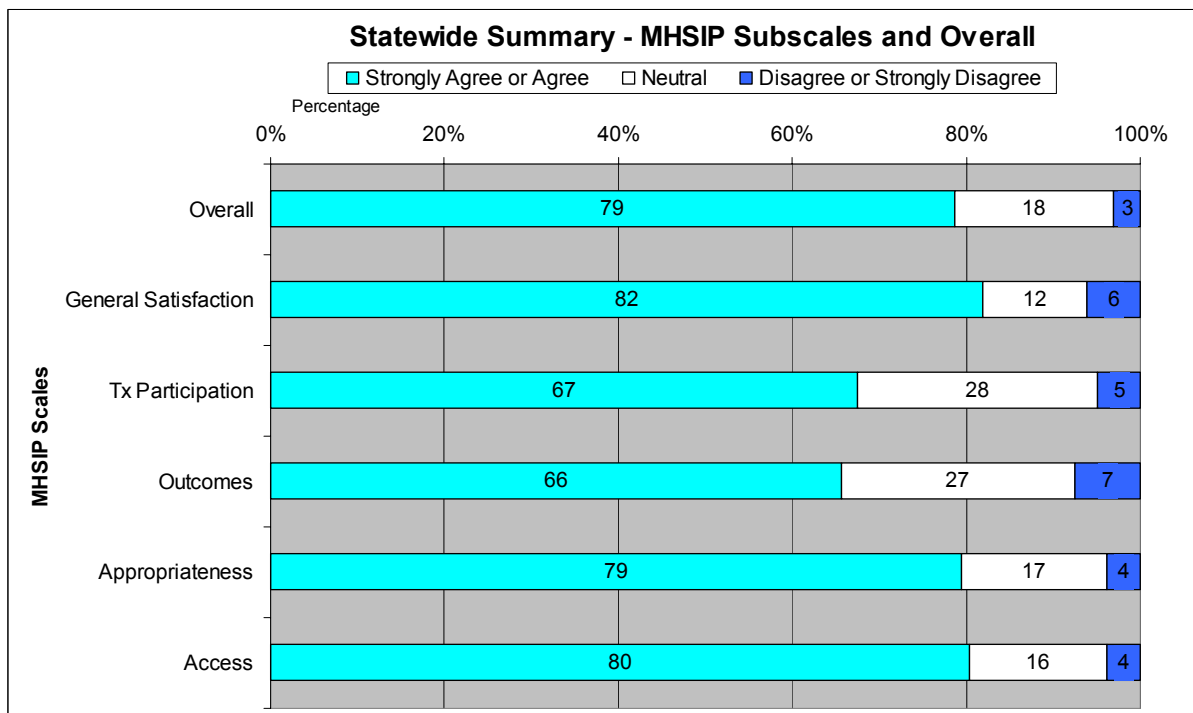


## South Dakota Mental Health Statistics Improvement Program (MHSIP)

### What Do Consumers Say About Mental Health Services?

The South Dakota Mental Health Division initiated a project to obtain evaluations by consumers of services received from local community mental health centers. Random surveys were conducted of adult consumers who had serious and persistent mental illnesses. All eleven community mental health centers volunteered to participate in the initial project in 1999 and 2001, and these centers also are participating in the current 2002 surveys.

Survey instruments were based on a national instrument being implemented in most states through the MHSIP Program. Consumers were asked to agree or disagree with statements related to the ease and convenience with which they got services (access), the quality of services (appropriateness), results of services (outcomes), ability to direct their own course of treatment (treatment participation) and whether they liked the service they got (satisfaction). Summary scores were developed for each domain as well as an overall score for a Center. Out of 867 surveys sent, Year 2002 surveys were returned by 443 individuals, and completed at least in part by 426 individuals. This represents a return rate of 51%, and a completion rate of 49%; these are both outstanding results.



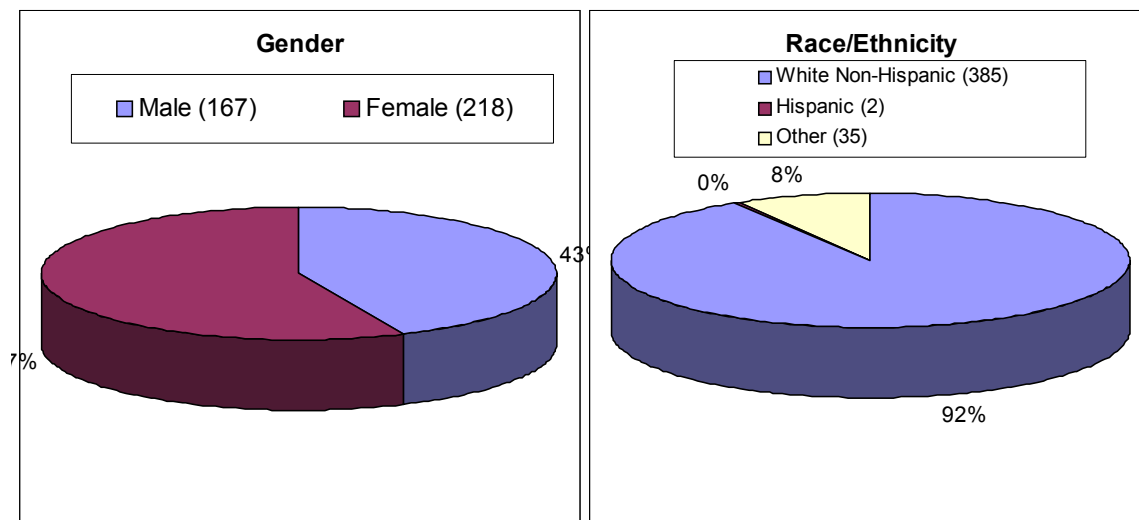
Consumers evaluated services very positively overall and in all five domains. There were an especially high percentage of consumers satisfied in the domains of Access and Appropriateness, as well as with General Satisfaction.

Results were very positive and comparable or slightly more positive than results from other states with similar surveys. The most important observation about this project is that consumers are evaluating the services they receive and Centers are doing everything they can to listen and improve services they provide based on this evaluation.

Year 2002 survey responses were available from 426 individuals who rated enough items to compute at least one MHSIP domain. 24 individuals (5.6%) did not complete enough items to receive an overall summary scale score, and a few less than this on average did not complete enough items in each domain to calculate a score.

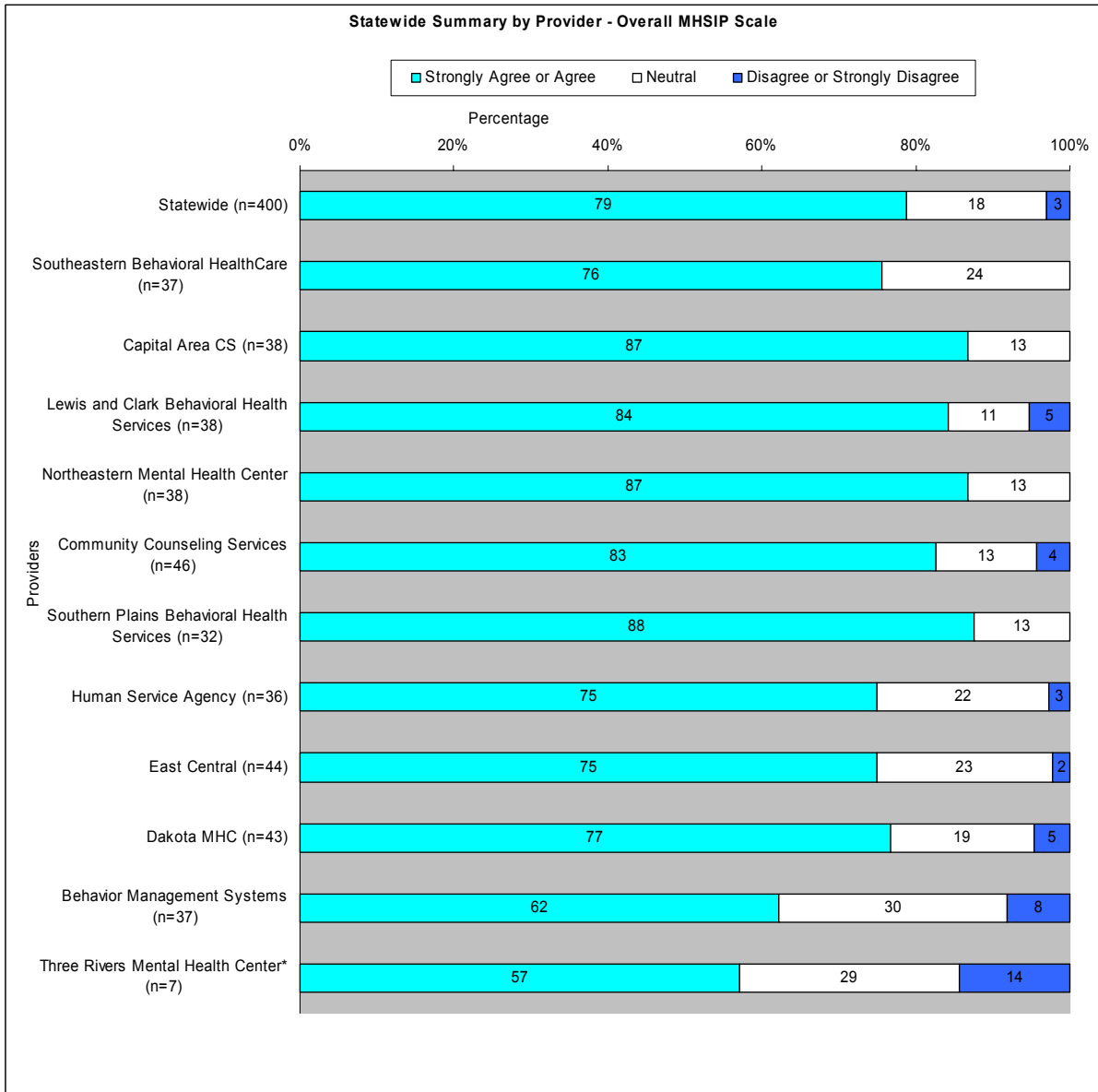
Race/Ethnicity / Sex	Male	Female	Unknown	Total
White Non-Hispanic				385
Hispanic				2
Other				35
Unknown				
Total	188	236		424

### Gender and Race/Ethnicity of Respondents



% Individuals Completing Surveys (excludes unknown)

**Consumer Evaluation of Services by Provider:** The graphs that follow provide the percentage of consumers satisfied Overall and by MHSIP domain. Small differences in percentages between Centers are not meaningful. Many things may account for the differences you see in charts comparing Centers. Some of the differences may be because the Centers, their services, or the characteristics of their consumers vary.



Statewide, seventy-nine percent of consumers evaluated services positively (strongly agreed or agreed with the positive survey statements). The percentage of 80% last year was virtually identical.

The 424 consumers who completed year 2002 surveys were served by 11 CMHCs. All but one CMHC, Three Rivers, had 15 or more respondents. Percentage of consumers satisfied

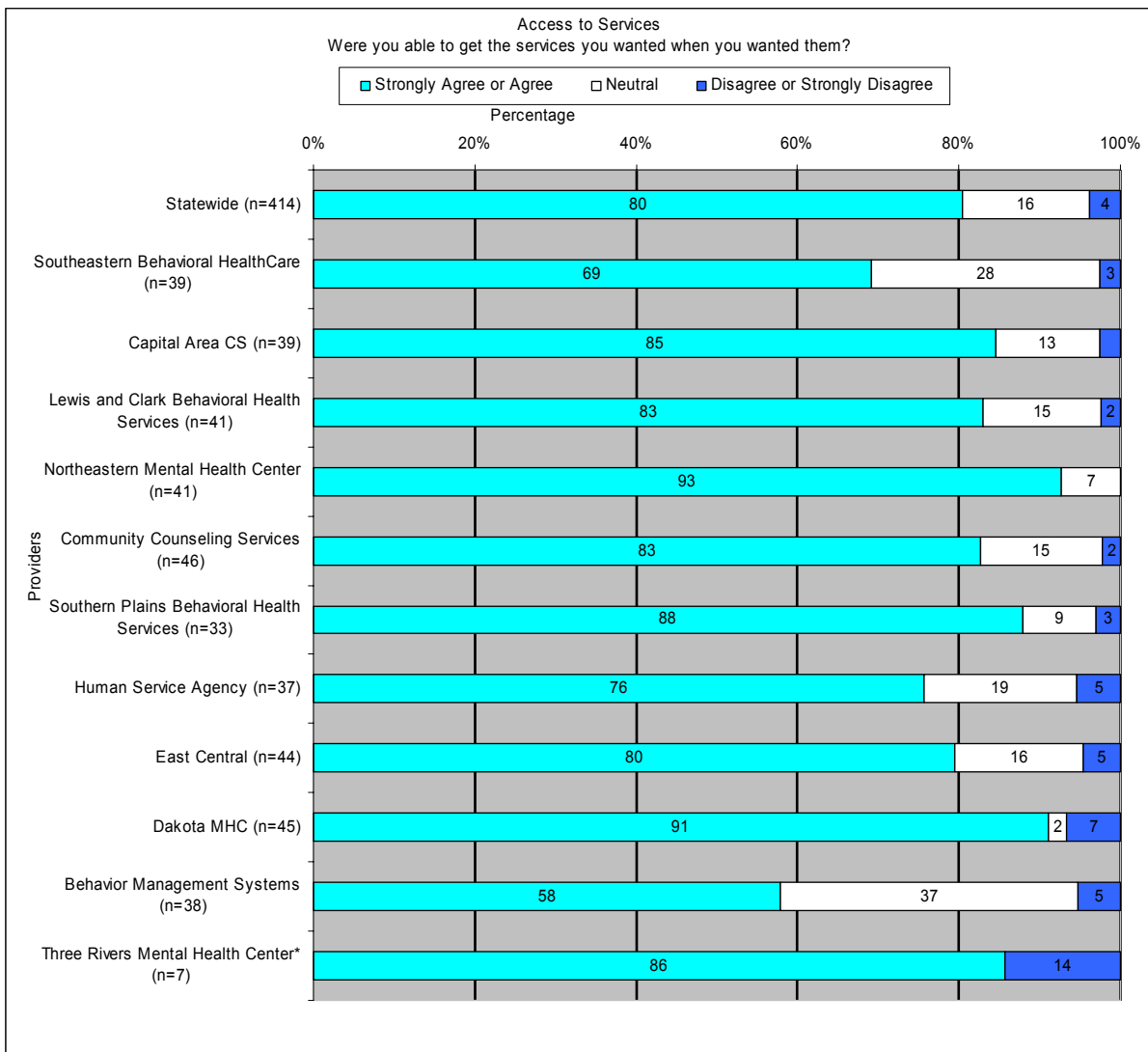
overall ranged from a high of 88% to a low of 62% for those CMHCs with 15 or more respondents.

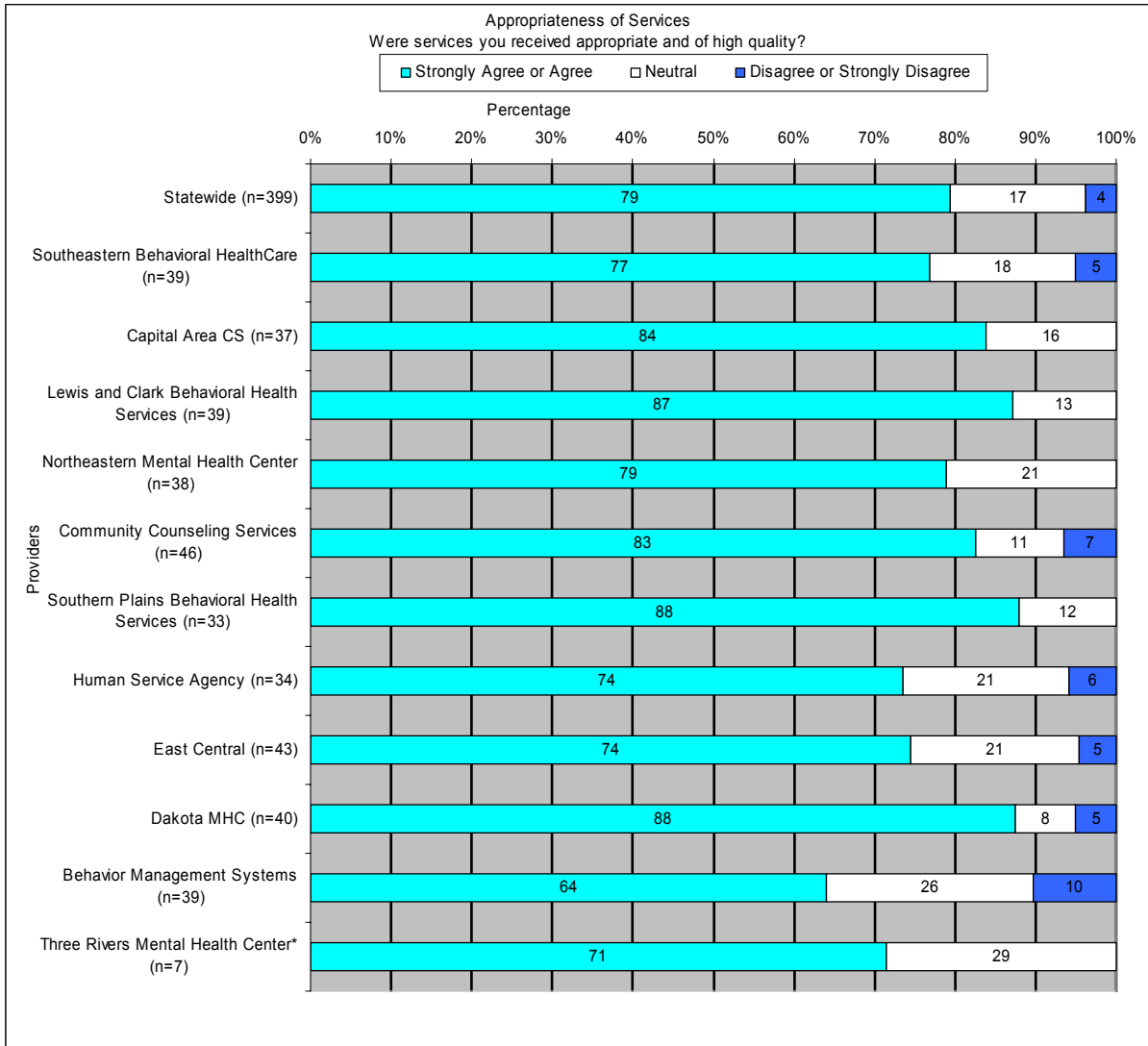
Comparisons among CMHCs for 2002 survey: There were statistically significant differences between CMHCs in their evaluation by consumers for the MHSIP overall. Furthermore Access, Appropriateness, and Treatment Participation found differences that approached statistical significance ( $p < .10$ ).

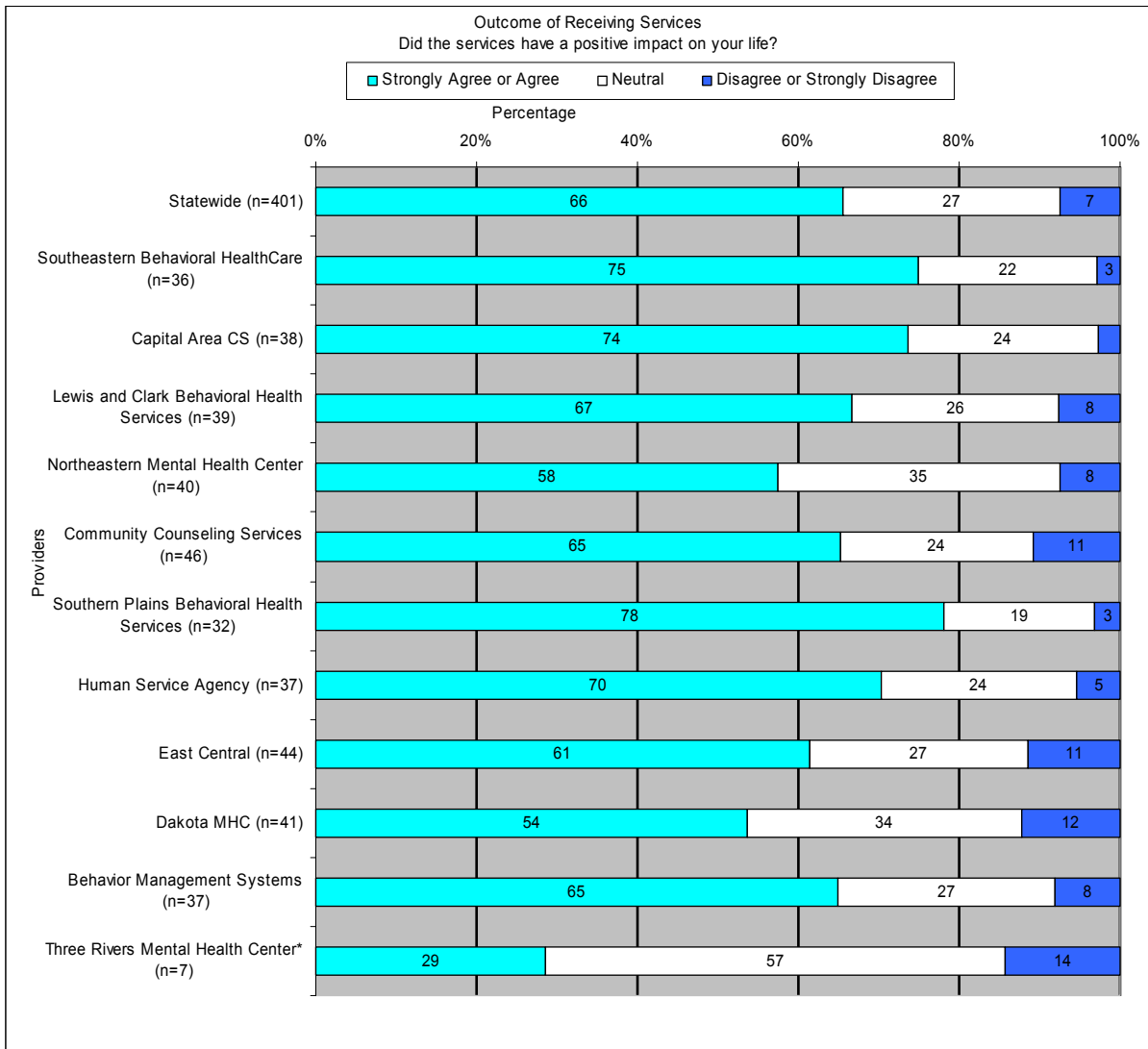
As was the case last year Southern Plains Behavioral Health Services received reliably more positive ratings in all domains except General Satisfaction, where differences were not statistically significant. As was also the case last year, Behavioral Management Services had reliably lower (most negative) average scores in several domains. Dakota CMHC also had reliably less positive scores in several domains.

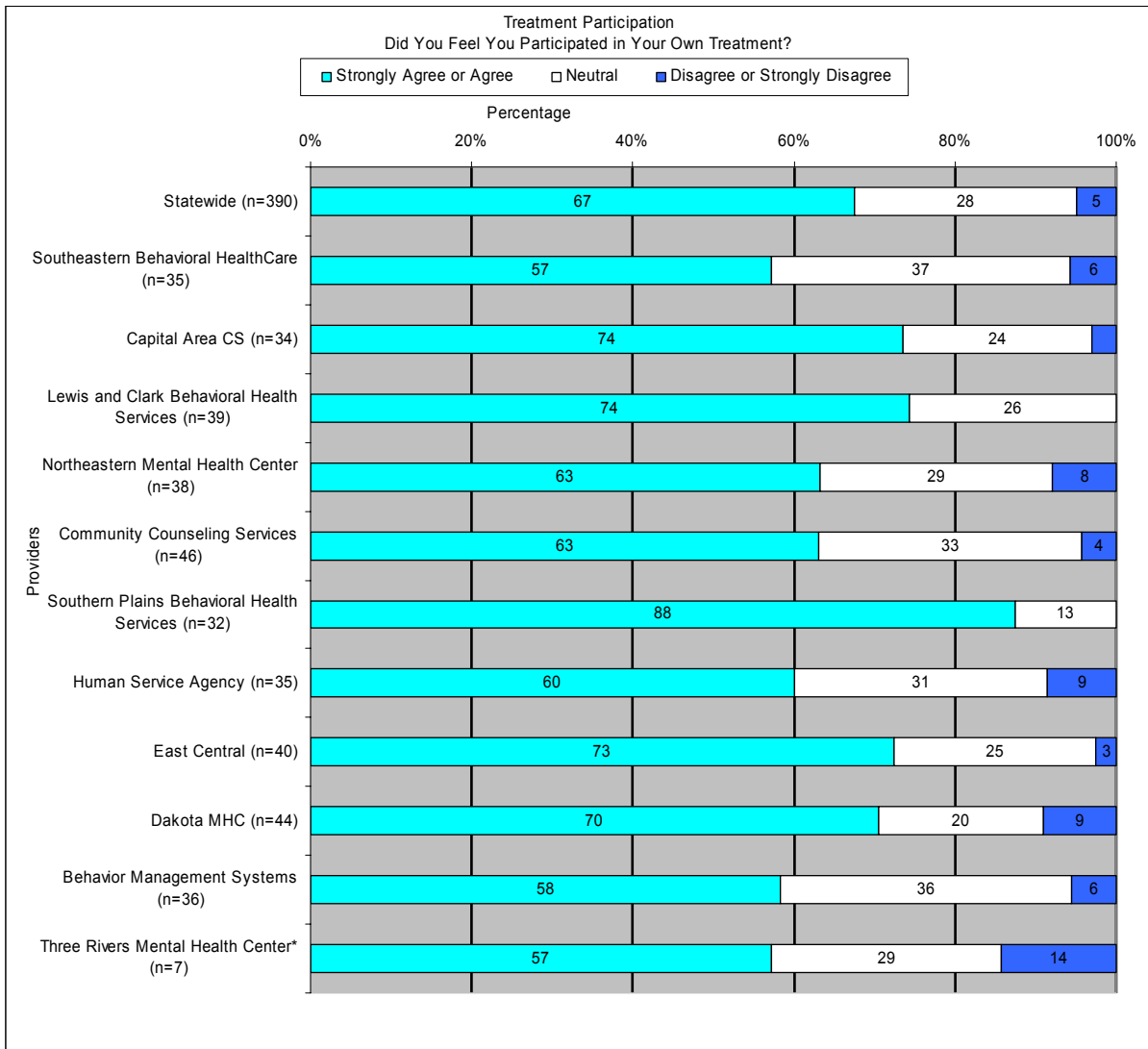
**Comparisons among CMHCs for all three surveys:** Results from the data gathered from all three surveys found statistically significant differences among all five MHSIP domains and MHSIP overall ( $p < .01$  and beyond). Post hoc tests showed that the one consistent difference over all domains and MHSIP overall was that the positive ratings that Southern Plains Behavioral Health Services received were reliably different from at least one CMHC in all analyses. To a lesser extent Behavioral Management Services was reliably less positive than at least one CMHC for all domains, but not for MHSIP overall.

The challenge now is for CMHCs to discuss the differences, validate them if possible, consider possible explanations for differences, look for ways to improve services, and finally, to implement strategies to improve services when appropriate. Low scores are not to be construed as negative reflections on CMHCs. In fact, CMHC's are to be commended for participating in the development of these performance indicators. The only expectation would be that CMHC's conduct analyses of potential problems and improvements, and implement changes when appropriate.

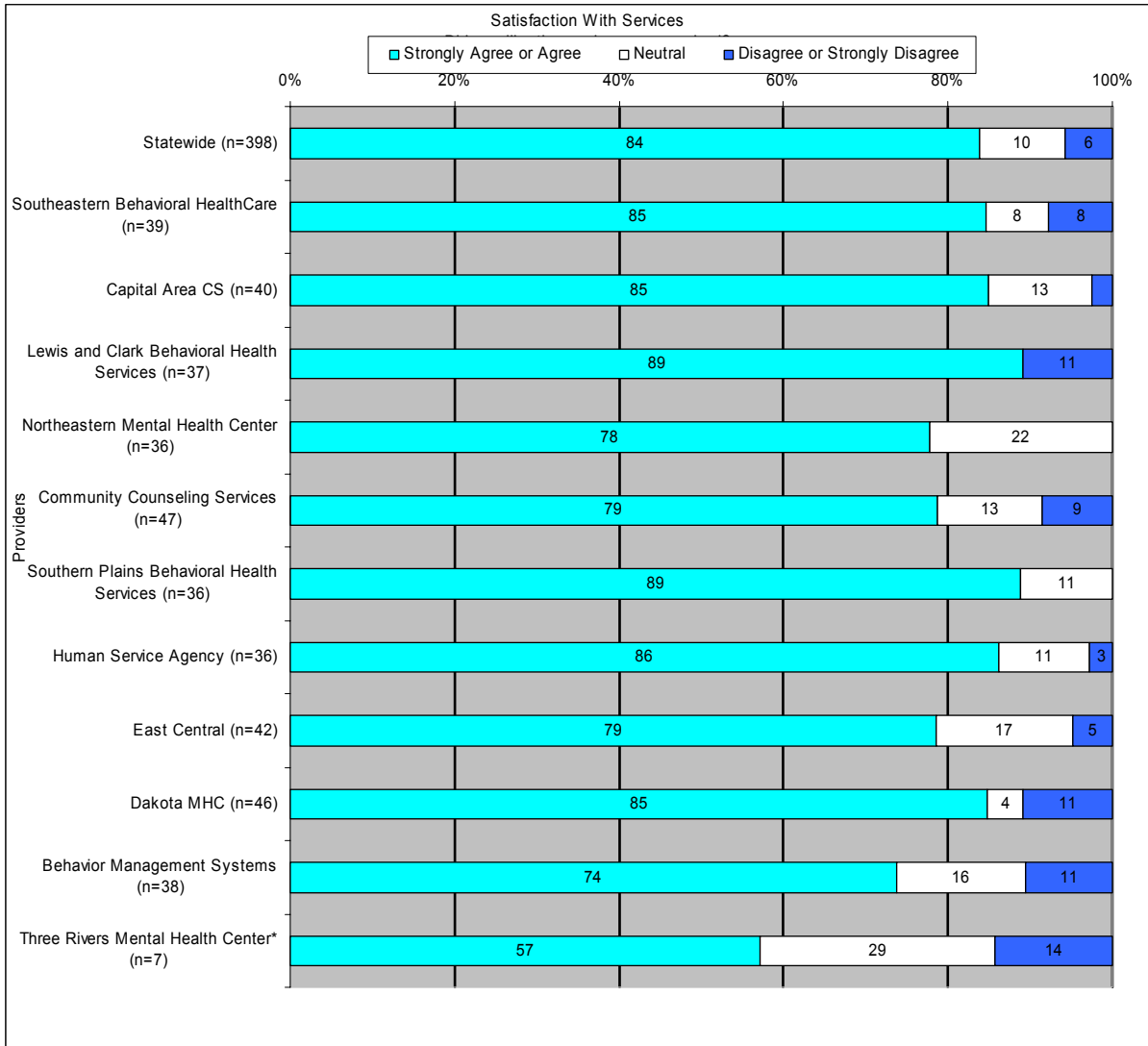






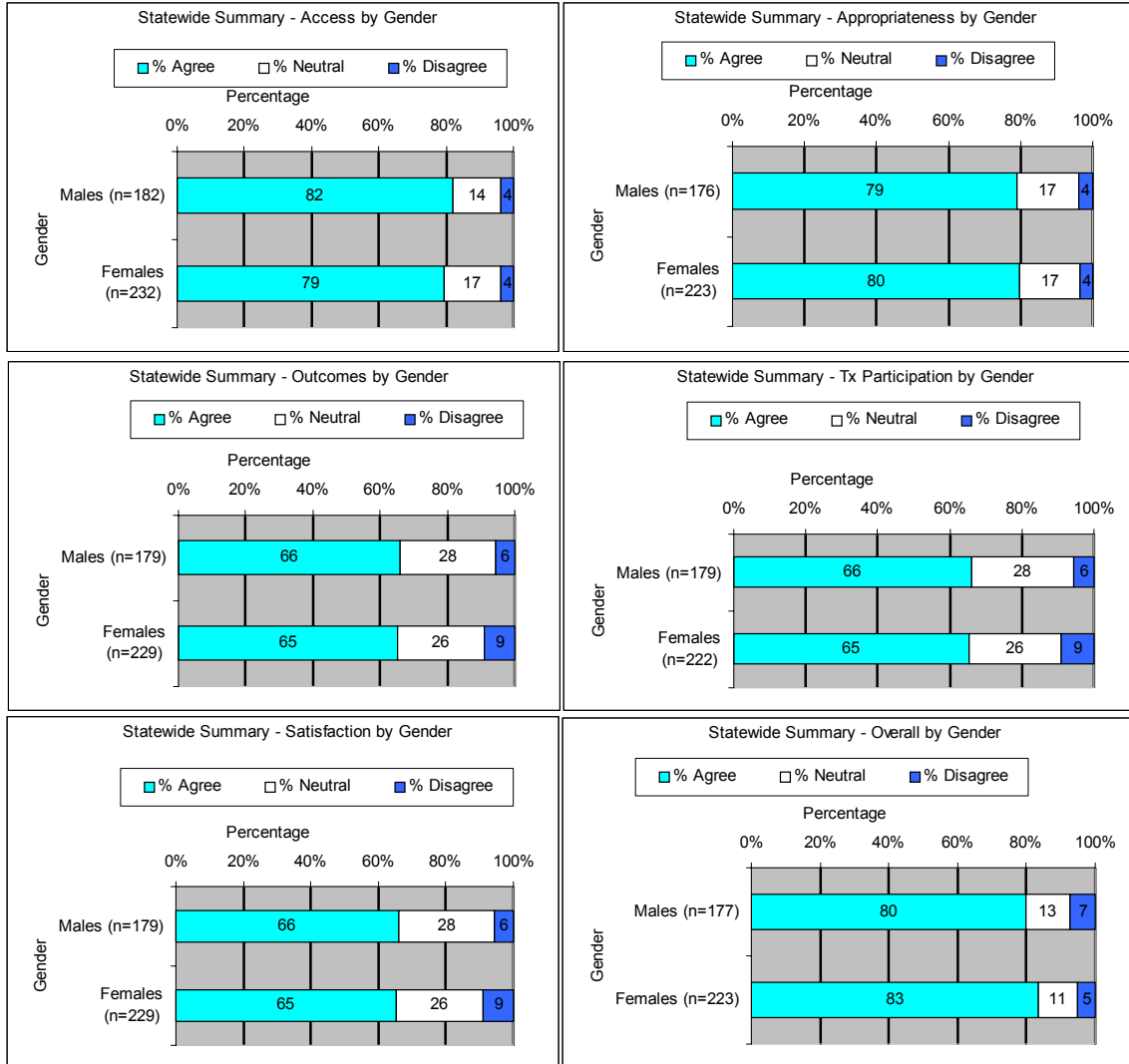






## Evaluation of Services by Gender

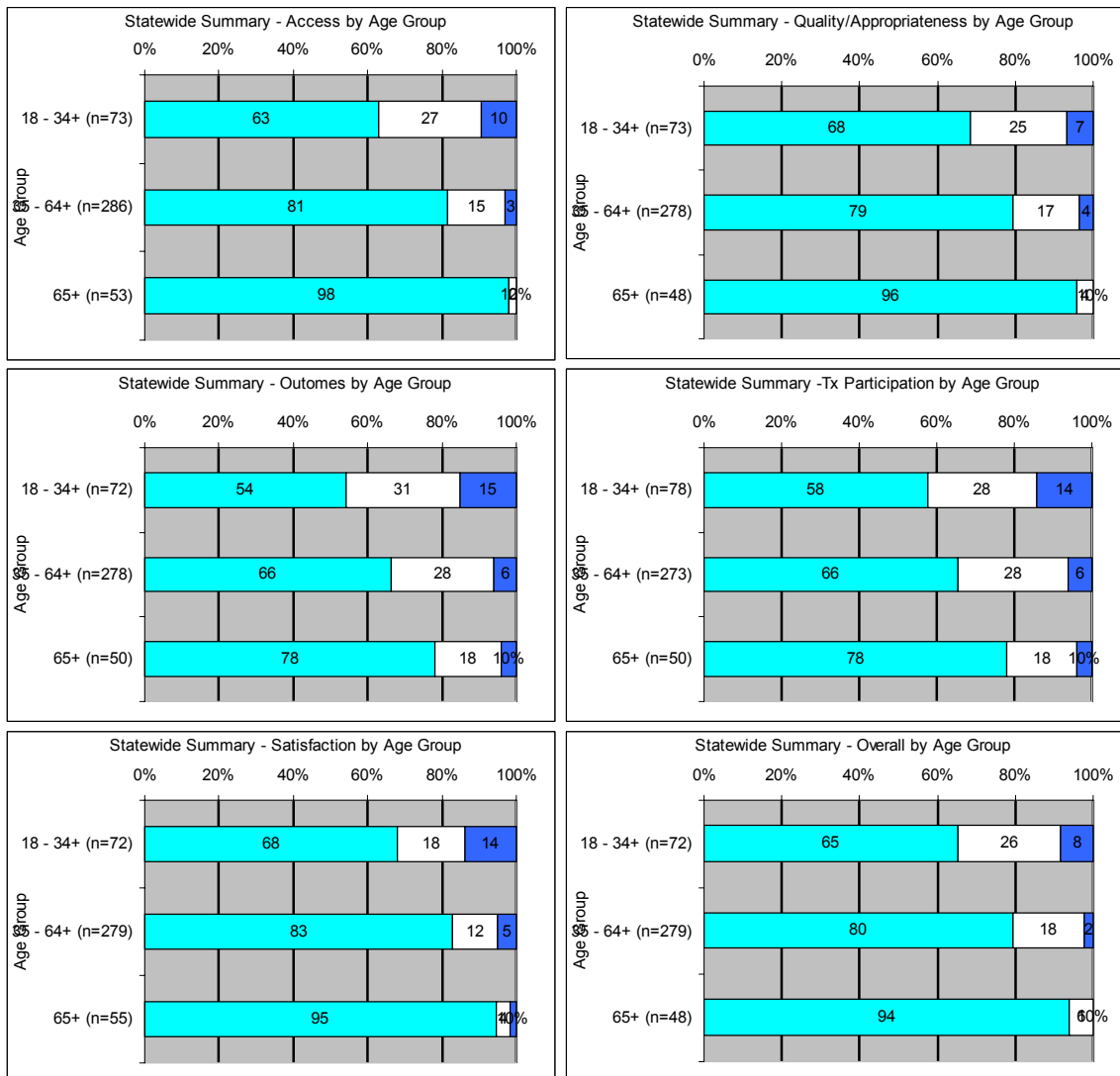
43% of respondents were male and 57% were female; all individuals identified their gender. There were no meaningful differences between males and females in these ratings.



## Evaluation of Services by Age Group

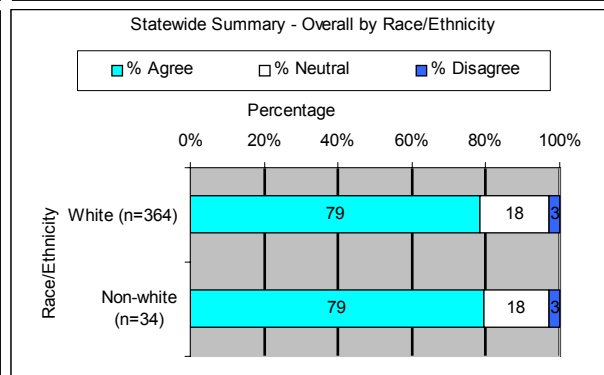
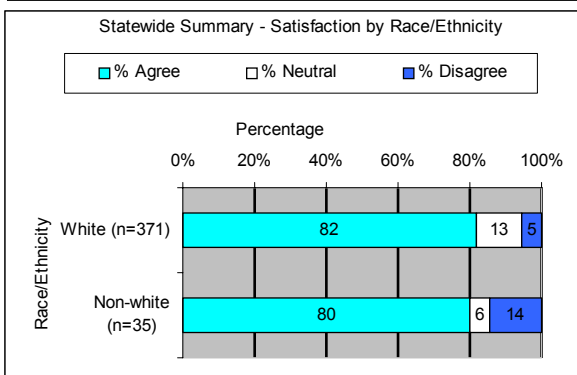
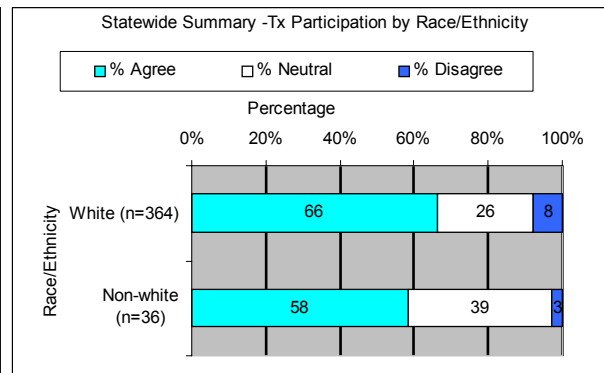
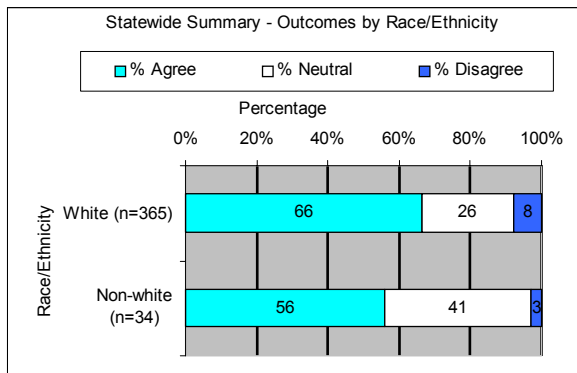
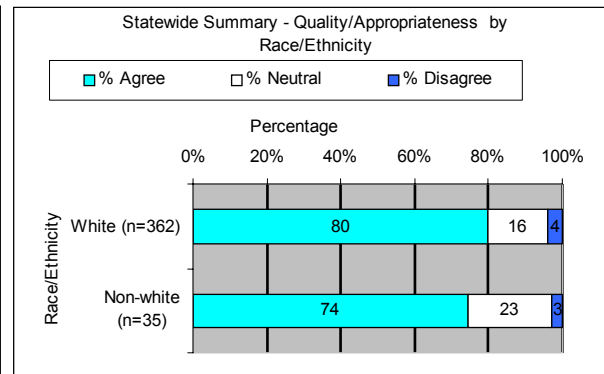
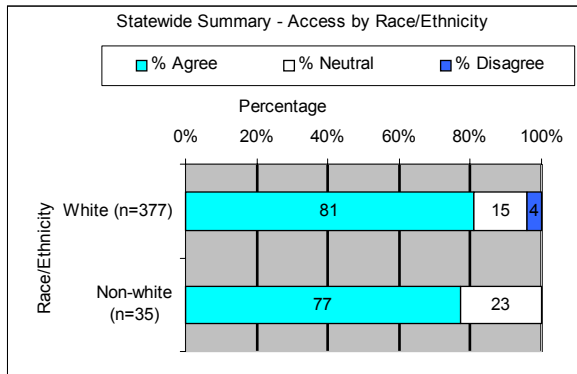
Of those responding, 17% of respondents were in the youngest age group 18-34); 69% were in the middle age group (35 – 64); and, 14% were in the oldest age group (65+). Two respondents did not give information about their age.

The graphs below show that for all domains and MHSIP overall older compared to younger age groups were more positive in their ratings. Differences for Access ( $p<.0001$ ), Outcomes ( $p<.05$ ), Participation in Treatment Decisions ( $p<.001$ ), and the MHSIP overall ( $p<.01$ ) were statistically significant. In all cases respondents in the youngest age group were significantly less positive than were respondents in the other two age groups (results from post hoc test by Tukey B,  $p<.05$ ). There were no differences between respondents in the middle and oldest age groups.



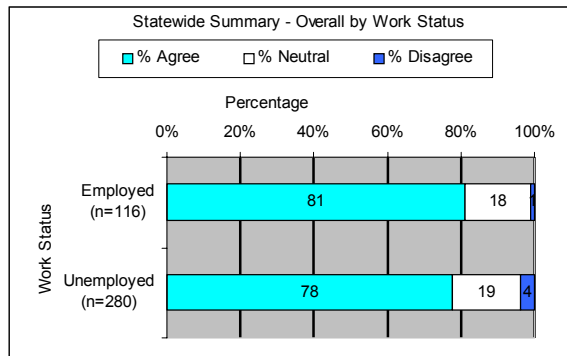
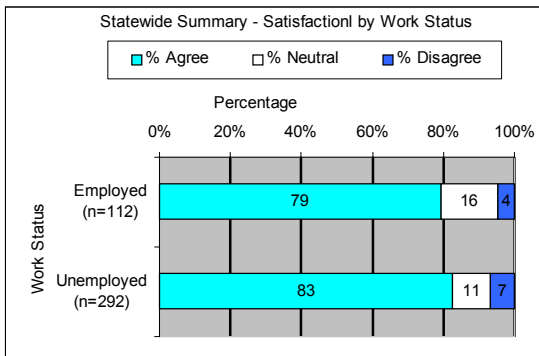
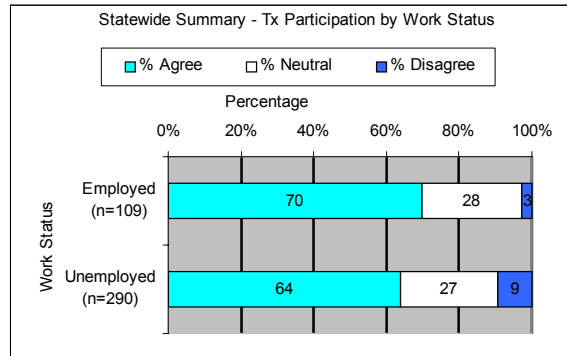
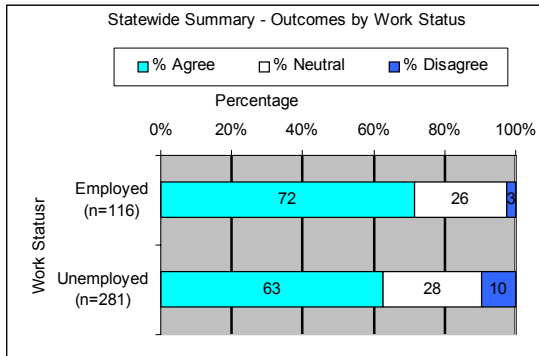
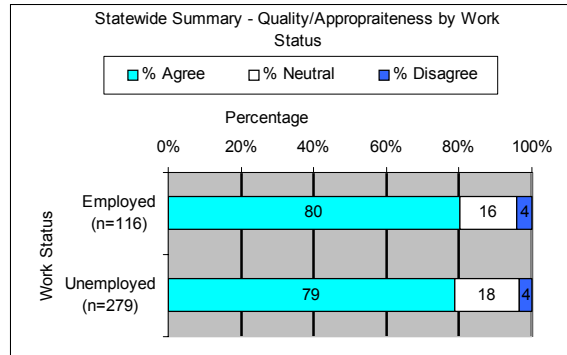
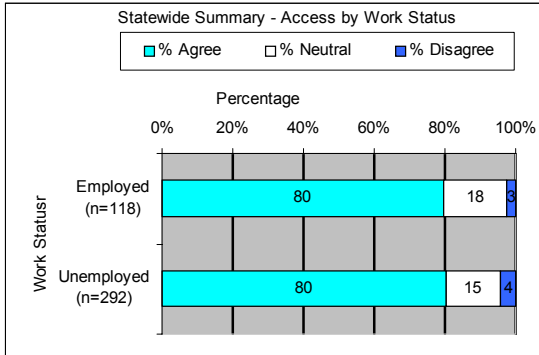
## Evaluation of Services by Race/Ethnicity

Of those responding, 91% of respondents were White non-Hispanic while 9% were non-white. Two respondents did not provide this information. In general white respondents were more positive than non-whites. None of these differences approached statistical significance, however ( $p > .50$  in all cases). Nor are the differences meaningful.



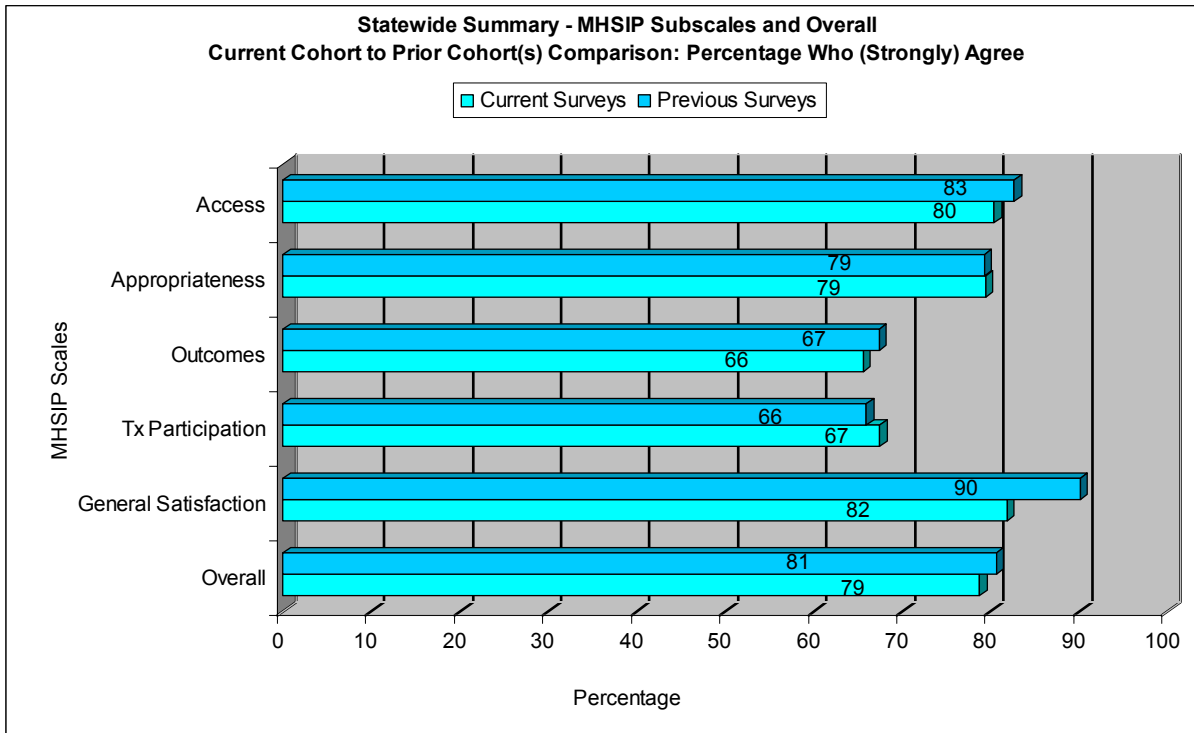
## Evaluation of Services by whether Working for Money in the Community

Of those responding, 29% of respondents reported that they were working for money in the community; 71% reported that they were not. Fourteen respondents did not provide this information. In general those working were more positive in their evaluations than those not working. The only difference that was statistically significant, however, was in the domain of Outcomes ( $p < .01$ ). This replicates a finding from the 2001 survey. It should be noted, however, that there was a substantial difference in the **opposite** direction in the 1999 survey.

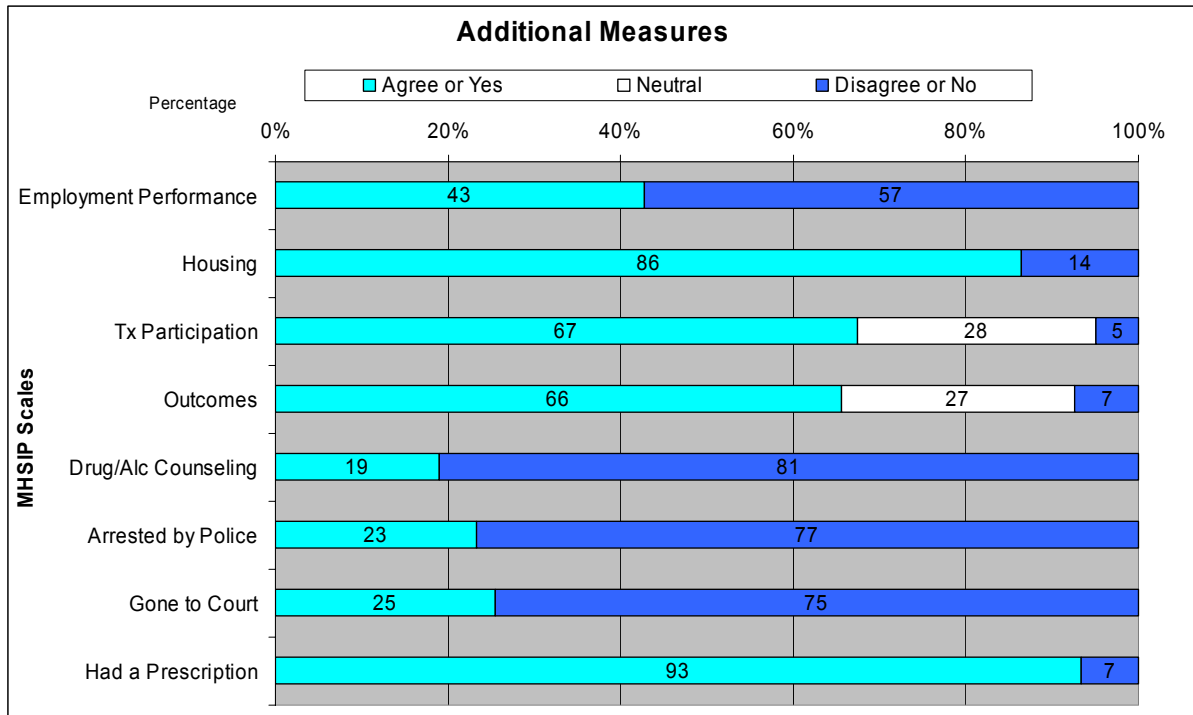


## Results Compared with Previous Year

Results from the 2001 compared to the current 2002 survey are shown below. These results show that three domains, Access, Outcomes, and General Satisfaction, as well as MHSIP Overall showed small but **non-significant** decreases in satisfaction rate.



## Other Measures:



The chart above displays the results from a subsample of additional measures included in the survey. Employment performance indicated that 45% of respondents are 'employed' by the criteria supplied (working for money in the community, doing volunteer activity, or working in the CMHC); 55% are not employed. Eighty-six per cent of respondents indicate that they live in (relatively) independent housing, fourteen per cent do not.

Sixty-seven per cent of respondents agree that they participate in their treatment decisions. A similar percentage of respondents agree that they are satisfied with the outcomes received from their involvement with their CMHC.

Nineteen per cent of respondents are in drug or alcohol counseling or both; 81% report that they are not. Twenty-three per cent of respondents reported that they have been arrested by the police; seventy-seven per cent have not. A slightly higher twenty-five per cent of respondents reported that they had gone to court for something they did, while seventy-five per cent have not. And, ninety-three per cent reported that have had a prescription for a mental or emotional problem while seven per cent had not.